

Post-Traumatic Stress Disorder



National Institute
of Mental Health

What is post-traumatic stress disorder, or PTSD?

It is natural to feel afraid during and after a traumatic situation. Fear is a part of the body's "fight-or-flight" response, which helps us avoid or respond to potential danger. People may experience a range of reactions after trauma, and most will recover from their symptoms over time. Those who continue to experience symptoms may be diagnosed with post-traumatic stress disorder (PTSD).

Who develops PTSD?

Anyone can develop PTSD at any age. This includes combat veterans and people who have experienced or witnessed a physical or sexual assault, abuse, an accident, a disaster, a terror attack, or other serious events. People who have PTSD may feel stressed or frightened, even when they are no longer in danger.

Not everyone with PTSD has been through a dangerous event. Sometimes, learning that a relative or close friend experienced trauma can cause PTSD.

About 6 of every 100 people will experience PTSD at some point in their lifetime, according to the National Center for PTSD, a U.S. Department of Veterans Affairs program. Women are more likely than men to develop PTSD. Certain aspects of the traumatic event and biological factors (such as genes) may make some people more likely to develop PTSD.

What are the symptoms of PTSD?

Symptoms of PTSD usually begin within 3 months of the traumatic event, but they sometimes emerge later. To meet the criteria for PTSD, a person must have symptoms for longer than 1 month, and the symptoms must be severe enough to interfere with aspects of daily life, such as relationships or work. The symptoms also must be unrelated to medication, substance use, or other illness.

The course of the disorder varies. Although some people recover within 6 months, others have symptoms that last for 1 year or longer. People with PTSD often have co-occurring conditions, such as depression, substance use, or one or more anxiety disorders.

After a dangerous event, it is natural to have some symptoms. For example, some people may feel detached from the experience, as though they are observing things as an outsider rather than experiencing them. A mental health professional—such as a psychiatrist, psychologist, or clinical social worker—can determine whether symptoms meet the criteria for PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

Re-experiencing symptoms

- Flashbacks—reliving the traumatic event, including physical symptoms, such as a racing heart or sweating
- Recurring memories or dreams related to the event
- Distressing thoughts
- Physical signs of stress

Thoughts and feelings can trigger these symptoms, as can words, objects, or situations that are reminders of the event.

Avoidance symptoms

- Staying away from places, events, or objects that are reminders of the experience
- Avoiding thoughts or feelings related to the traumatic event

Avoidance symptoms may cause people to change their routines. For example, some people may avoid driving or riding in a car after a serious car accident.

Arousal and reactivity symptoms

- Being easily startled
- Feeling tense, on guard, or on edge
- Having difficulty concentrating
- Having difficulty falling asleep or staying asleep
- Feeling irritable and having angry or aggressive outbursts
- Engaging in risky, reckless, or destructive behavior

Arousal symptoms are often constant. They can lead to feelings of stress and anger and may interfere with parts of daily life, such as sleeping or eating.

Cognition and mood symptoms

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Exaggerated feelings of blame directed toward oneself or others
- Ongoing negative emotions, such as fear, anger, guilt, or shame
- Loss of interest in previous activities
- Feelings of social isolation
- Difficulty feeling positive emotions, such as happiness or satisfaction

Cognition and mood symptoms can begin or worsen after the traumatic event. They can lead people to feel detached from friends or family members.

How do children and teens react to trauma?

Children and teens can have extreme reactions to traumatic events, but their symptoms may not be the same as those seen in adults. In children younger than age 6, symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how to talk or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

Older children and teens usually show symptoms more like those seen in adults. They also may develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilt over not preventing injury or death, or have thoughts of revenge.

For more information on helping children and adolescents cope with traumatic events, see www.nimh.nih.gov/helpchildrencope.

Why do some people develop PTSD and other people do not?

Not everyone who lives through a dangerous event develops PTSD—many factors play a part. Some of these factors are present before the trauma; others play a role during and after a traumatic event.

Risk factors that may increase the likelihood of developing PTSD include:

- Exposure to previous traumatic experiences, particularly during childhood
- Getting hurt or seeing people hurt or killed
- Feeling horror, helplessness, or extreme fear
- Having little or no social support after the event
- Dealing with stressors after the event, such as the loss of a loved one, pain and injury, or loss of a job or home
- Having a personal history or family history of mental illness or substance use

Resilience factors that may reduce the likelihood of developing PTSD include:

- Seeking out and receiving support from friends, family, or support groups
- Learning to feel okay with one's actions in response to a traumatic event
- Having a coping strategy for getting through and learning from a traumatic event
- Being prepared and able to respond to upsetting events as they occur, despite feeling fear

How is PTSD treated?

It is important for people with PTSD symptoms to work with a mental health professional who has experience treating PTSD. The main treatments are psychotherapy, medications, or a combination of psychotherapy and medications. An experienced mental health professional can help people find the best treatment plan for their symptoms and needs.

Some people with PTSD, such as those in abusive relationships, may be living through ongoing trauma. In these cases, treatment is usually most effective when it addresses both the traumatic situation and the symptoms of PTSD. People who experience traumatic events or who have PTSD may also experience panic disorder, depression, substance use, or suicidal thoughts. Treatment for these conditions can help with recovery after trauma. Research shows that support from family and friends also can be an essential part of recovery.

For tips to help prepare and guide you in talking to your health care provider about your mental health, visit www.nimh.nih.gov/talkingtips.

Psychotherapy

Psychotherapy, sometimes called talk therapy, includes a variety of treatment techniques that mental health professionals use to help people identify and change troubling emotions, thoughts, and behaviors. Psychotherapy can provide support, education, and guidance to people with PTSD and their families. Treatment can take place one on one or in a group setting and usually lasts 6 to 12 weeks but can last longer.

Some types of psychotherapy target PTSD symptoms, while others focus on social, family, or job-related problems. Effective psychotherapies often emphasize a few key components, including learning skills to help identify triggers and manage symptoms.

A common type of psychotherapy called cognitive behavioral therapy can include exposure therapy and cognitive restructuring.

- **Exposure therapy** helps people learn to manage their fear by gradually exposing them, in a safe way, to the trauma they experienced. As part of exposure therapy, people may think or write about the trauma or visit the place where it happened. This therapy can help people with PTSD reduce symptoms that cause them distress.
- **Cognitive restructuring** helps people make sense of the traumatic event. Sometimes people remember the event differently from how it happened, or they may feel guilt or shame about something that is not their fault. Cognitive restructuring can help people with PTSD think about what happened in a realistic way.

Learn more about psychotherapy at www.nimh.nih.gov/psychotherapies.

Medications

The U.S. Food and Drug Administration (FDA) has approved two selective serotonin reuptake inhibitors (SSRIs), a type of antidepressant medication, for the treatment of PTSD. SSRIs may help people manage PTSD symptoms, such as sadness, worry, anger, and feeling emotionally numb. Health care providers may prescribe SSRIs and other medications along with psychotherapy. Some medications may help treat specific PTSD symptoms, such as sleep problems and nightmares.

People should work with their health care providers to find the best medication or combination of medications and the right dose. Read the latest medication warnings, patient medication guides, and information on newly approved medications on the FDA website at www.fda.gov/drugsatfda.

How can I find help?

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides an online resource for finding mental health services in your area at <https://findtreatment.gov>. For additional resources, visit www.nimh.nih.gov/findhelp.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide and Crisis Lifeline at **988** or chat at 988lifeline.org. In life-threatening situations, call **911**.

What can I do to help myself?

You can get better with treatment. Here are some things you can do to help yourself:

- Talk with your health care provider about treatment options and follow your treatment plan.
- Engage in exercise, mindfulness, or other activities that help reduce stress.
- Try to maintain routines for meals, exercise, and sleep.
- Set realistic goals and focus on what you can manage.
- Spend time with trusted friends or relatives and tell them about things that may trigger symptoms.
- Expect your symptoms to improve gradually, not immediately.
- Avoid the use of alcohol or drugs.

How can I help a loved one with PTSD?

If you know someone who may be experiencing PTSD, the most important thing you can do is to help that person get the right diagnosis and treatment. Some people may need help making an appointment with their health care provider; others may benefit from having someone accompany them to their health care visits.

If a close friend or relative is diagnosed with PTSD, you can encourage them to follow their treatment plan. If their symptoms do not improve after 6 to 8 weeks, you can encourage them to talk about it with their health care provider. You also can:

- Offer emotional support, understanding, patience, and encouragement.
- Learn about PTSD so you can understand what your friend is experiencing.
- Listen carefully. Pay attention to the person's feelings and the situations that may trigger PTSD symptoms.
- Share positive distractions, such as walks, outings, and other activities.

Where can I find more information on PTSD?

The National Center for PTSD, a program of the U.S. Department of Veterans Affairs, is the leading federal center for research and education on PTSD and traumatic stress. You can find information about PTSD, treatment options, getting help, and additional resources for families, friends, and providers at www.ptsd.va.gov.

Are there clinical trials studying PTSD?

NIMH supports a wide range of research, including clinical trials that look at new ways to prevent, detect, or treat diseases and conditions—including PTSD. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to a health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

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For more information

NIMH website

www.nimh.nih.gov

www.nimh.nih.gov/espanol (en español)

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

www.clinicaltrials.gov

<https://salud.nih.gov/investigacion-clinica> (en español)

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